

<b>Case Number:</b>	CM15-0087409		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	03/17/1999
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old female, who sustained an industrial injury on 3/17/99. The injured worker has complaints of back and leg pain. The diagnoses have included syndrome post-laminectomy lumbar; sciatica; neck pain and mechanical complication due to other implant and internal device not elsewhere classified. Treatment to date has included intrathecal pump; hydrocodone for pain; protonix for stomach; gabapentin; naproxen for anti-inflammatory; pretiq for depression and neuropathic pain and trazodone for sleeplessness. The documentation noted that the injured workers work status was permanent and stationary. The request was for one prescription of gabapentin 600mg, #240.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**One prescription of Gabapentin 600mg, #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17 and 18.

**Decision rationale:** Gabapentin is in the category of an anti-epileptic medication. These medications are also indicated for patients with post herpetic neuralgia as well a polyneuropathy which is most often seen in diabetics. There is specific mention in the MTUS guidelines with regard to its use for low back pain in certain circumstances. The patient has been diagnosed with post-laminectomy syndrome and sciatica. There is lack of evidence stated with regards to use of this class of medication for non-central low back pain. Therefore, this request is not medically necessary.

**One prescription of Hydrocodone/APAP 10/325mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone; Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** The patients injury was sustained in march of 1999 with the diagnosis of post laminectomy syndrome and sciatica with low back pain. The continued use of opioid type medications long-term requires not only pain improvement but functional gains seen. There is lack of documentation of increased level of function or improved quality of life. There is also required evaluation of 4 domains of ongoing monitoring for continued use of opioids, which is not mentioned in the records. The MTUS guidelines stated the following: "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." (Passik, 2000) Therefore, this request is not medically necessary.